U S Department of Labor FORM LM-30 Office of Labor-Management and in the Standards
Washington DC 20210 CU 20210 LABOR ORGANIZATION OFFICER AND st the Pepus 38 "EMPLOYEE REPORT"

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under Pt, 86 257 as amended Failure to comply may result in compatible for the first of civil penalties as provided by 29 U St. 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9667	2 Fiscal Year Covered From
l	51 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Douglas Chappell	Name Internation Bruths had of Electrical Workers Local 441
	Labor Organization File Number 030-3/0
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 11519 Cozumel	Street 309 A Zenpart Ste M
City Cypress	City Orange
State C A ZIP Code + 4 906 30	State CA ZIP Code + 4 9 2 8 6 8
5 Position in labor organization Business' Mariages	
Enter appropriate data below if during the past file if year, you or your si (except as specified in the ex-	ວວມຮຸຂ _າ ດຖຸminoຖຸchild directly or indirectly had any of the following interests clusions set forth in the instructions)
A Held an interest in engaged in transactions (including loans) with a monetary value from an employer a hose employees your organized.	clusions set forth in the instructions) or dehved income or other economic benefit of
A Held an interest in engaged in transactions (including loans) with a monetary value from an employer a hose employees your organized. 6 Name and address of Employer (including trade name if any)	or dehved income or other economic benefit of attended in the instructions) or dehved income or other economic benefit of attended in the instruction of interest or is active y seeking to represent in the instruction of interest of interest or income
A Held an interest in engaged in transactions (including loans) with a monetary value from an employer whose employees your organized. 6 Name and address of Employer (including trade name of any) Name	or dehved income or other economic benefit of attended in the instructions) or dehved income or other economic benefit of attended in the instruction of interest or is active y seeking to represent in the instruction of interest of interest or income
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A Held an interest in engaged in transactions (including toans) with a monetary value from an employer whose employees your organization. 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4 Si 15 Signature and verification. The undersigned declares under penalty submitted in this report (including the information contained in any accompany).	grature of Per ury and other applicable penalties of the law that all of the information anying documents) has been examined by the signatory and is to the best of the

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Name of Person Filing Doug Chappell	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name International Brokerhood of Clarical Workers Local 441 Trade Name if any PO Box Bidg Room No if any Street 309 N. Rampart Ste M City Orange State CA ZIP Code+4 92868	9 Business deals with a Labor Organization Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name Name Southern Colifornia TREW-NECA Trust Funds Trade Name if any PO Box Bidg Room No if any Street 6023 Garfield Avenue City City of Commerce State CA ZIP Code + 4 90040	Pension Trust Trustee attended educational benefits Conference in Bal Harbour, FL 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Reimbursement of expenses in carred (no income) Expenses included Airline Tickets, Hatel 4 Meals	
C Received from any employer (other than an employer covered unde	12 b Amount 2,334 er parts A and B above)	
Trade Name if any P O Box Bldg Room No if any Street City State ZiP Code + 4		
13 b is the Business an Employer or Consultant ?	14 b Amount of payment	